

CLAIMS ONLY							Application Number 10/090601		Filing Date				
							Applicant(s)						
							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	—	—						51					
2		—						52					
3		—						53					
4		—						54					
5		—						55					
6		—						56					
7		—						57					
8		—						58					
9		—						59					
10		—						60					
11		—						61					
12	/	—						62					
13		/						63					
14		/						64					
15		/						65					
16								66					
17								67					
18								68					
19								69					
20								70					
21								71					
22								72					
23								73					
24								74					
25								75					
26								76					
27								77					
28								78					
29								79					
30								80					
31								81					
32								82					
33								83					
34								84					
35								85					
36								86					
37								87					
38								88					
39								89					
40								90					
41								91					
42								92					
43								93					
44								94					
45								95					
46								96					
47								97					
48								98					
49								99					
50								100					
Total Indep								Total Indep					
Total Depend								Total Depend					
Total Claims								Total Claims					